

Children's Mental Health Bureau
Supplemental Service Plan
Attestation Worksheet

+	_____	1. Add Family Income (annual totals from Sections 1, 2 and 3)
+	_____	2.
+	_____	3.
=	_____	Total income for family
		Deduct Income disregards
-	_____	Employment (deduct \$1,440 for each person, up to \$2,880 per year)
=	_____	Sub Total
-	_____	Childcare (deduct \$200/month for each child for whom you pay child care—up to \$2,400 annual maximum)
=	_____	Countable Income
	_____	Family Size (as determined in Part B)
	_____	Federal Poverty Level (FPL) allowed for family size. (Use chart Part C)

If countable Income is less than 175% of FPL, then youth is eligible for SSP.

I _____ attest that I am the custodian of the youth listed.
I further attest the information I've provided is correct and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date